MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/700200	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51	1	(1)				
2	1		1			1	52		(1)				
3		2		1		1	53		(1)		1		
4		(1)		1		1	54		(1)		1		
5		(1)		1		1	55						
6		(1)		1		1	56						
7		(1)		1			57						
8		(1)		1		1	58						1
9		(1)		1		1	59						1
10		(1)		1		1	60						1
11		(1)		1		1	61						1
12		(1)		1			62						1
13		(1)		1			63						1
14		(1)					64						
15		(1)		1			65						
16		(1)		1		1	66						
17		(1)		1			67						
18		(1)		1			68						
19		(1)		1			69						
20		(1)		1			70						
21		(1)		1			71						
22		(1)		1			72						
23		(1)		1			73						
24		(1)		1			74						
25		(1)		1			75						
26		(1)		1			76						
27		(1)		1			77						
28		(1)		1			78						
29		(1)		1			79						
30		(1)		1		1	80						
31		(1)		1			81						
32		(1)		1			82						
33		(1)		1			83						
34		(1)		1			84						
35		(1)		1			85						
36		(1)		1			86						
37		(1)		1			87						
38		(1)		1			88						
39		(1)					89						
40		(1)					90						
41		(1)		1		1	91						
42		(1)		1			92						
43		(1)		1		1	93						
44		(1)		1			94						
45		(1)		1		1	95						
46		(1)		1			96						
47		(1)		1			97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.					1		TOTAL IND.						
TOTAL DEP.					16		TOTAL DEP.					6	
TOTAL CLAIMS					17		TOTAL CLAIMS					6	

17 + 6 = 23